



WIN/LOSS STATEMENT REQUEST FORM

Upon completion of this form, we will gather the data from the Shoshone-Bannock Casino Hotel player tracking system to calculate an overall Win/Loss estimate for the year(s) requested. Guests must possess a Shoshone-Bannock Casino Hotel Players Club Card. Requests for information can only be granted to those holding a valid Shoshone-Bannock Casino Hotel Players Club Card. **A W-9 Tax Form must also be completed in addition to the Win/Loss Statement Request Form.** Shoshone-Bannock Casino Hotel must have all original, signed requests before releasing information. Fax or emailed copies are not accepted.

Please note that the Shoshone-Bannock Casino Hotel player tracking system has been designed for marketing purposes only. **The information provided in this Win/Loss Statement only reflects the activity of gaming play while properly using the Players Club Card. The Shoshone-Bannock Casino Hotel does not warrant the accuracy or completeness of the information. Consult your tax advisor for advice on reporting gambling winnings and/or losses.**

Please allow 12-14 business days for processing.

By signing below, I hereby certify that the information contained herein is true and accurate and I authorize the Shoshone-Bannock Casino Hotel to provide me with my historical gaming activities for the timeframe provided below.

Please print legibly and fill out the information below completely. Incomplete requests will not be processed.

I would prefer that my statement be: Mailed Picked Up

Player Name: _____ Club Card #: _____

Telephone #: () _____ Date of Birth: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Please provide me with a statement of my gaming activity for the calendar year ending December 31, _____:
2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 **(Please circle)**

SIGNATURE: _____ **DATE:** _____

Win/Loss Statement requests & W-9 Tax Form can be turned into the Players Club booth or mailed to, Attn: Players Club: Win/Loss. For security reasons, Win/Loss Statements may not be faxed or emailed. NO EXCEPTIONS.

SHOSHONE-BANNOCK CASINO HOTEL OFFICAL USE ONLY

| | | |
|----------------------|---|------------------------------|
| Date Received: _____ | Received By: _____ (Empl. Initial & #) | Date Mailed/Picked Up: _____ |
|----------------------|---|------------------------------|